



Department of Community Development, P. O. Box 427, Herndon, Virginia 20172-0427

**APPLICATION FOR A ZONING APPROPRIATENESS PERMIT FOR
FINANCIAL INSTITUTION USES**

(banks, savings and loans, credit unions, investment or brokerage services, and other financial services)

Submittal of this form with **original signatures is required**. **PLEASE PRINT OR TYPE** (Unless otherwise indicated.)

Business Name: _____

Address of the Subject Property
(including apt/suite #): _____

For the purpose of operating/conducting
(type of business): _____

Please check one:

☐ Principal Use (the significant or primary
activity carried out within a structure or upon
land.)

☐ Accessory Use (a use that is clearly incidental to and
customarily associated with a principal use.)

Are any site alterations or any alterations to the building's exterior or interior planned or underway in connection
with this use (or were any alterations done)? ☐ No ☐ Yes Please describe :

Name and Title of Property Owner (Applicant): _____

Mailing Address _____

E-mail address

Telephone #

FAX #

**The undersigned hereby applies for a Zoning Appropriateness Permit under the provisions of §
78-202.10 of the Herndon Town Code.**

I hereby affirm and certify that:

- *The information provided on this form is true and correct to the best of my knowledge.*
- *The requirements associated with this application have been read and are understood.*
- *If this is an accessory financial service use, the use shares a public entrance with a principal use and has no separate entrance that serves the accessory financial service use.*
- *The use and occupancy of buildings and/or the use of land noted above is in conformance with all provisions of the Town of Herndon, Virginia Zoning Ordinance regulations to the best of my knowledge.*

Signature of Property Owner (Applicant)

Date

ZONING APPROPRIATENESS PERMIT APPLICATION FOR FINANCIAL INSTITUTION USES

Name and Title of Business Owner or Representative: _____

Mailing Address of Business Owner or Representative: _____

E-mail address

Telephone

FAX #

Applicant to obtain signature prior to submitting application to the Department of Community Development

The Herndon Police Department has been notified of the establishment of the financial institution described on this application and has reviewed the application.

Signature of Representative of the Herndon Police Department

Date

Please print name and title

Staff Comments:

APPROVAL OF ZONING APPROPRIATENESS PERMIT

Signature to be provided by the Department of Community Development after review of the application

Signature of Zoning Administrator

Date

Signature of Zoning Inspector

Date

TO BE SUBMITTED WITH THIS APPLICATION

____ Signature by the Herndon Police Department on this application prior to submitting to the Department of Community Development. The Herndon Police Department may be contacted at 703-435-6846;

____ A statement from the landowner(s) authorizing an agent to act on their behalf (if applicable);

____ A receipt or other documentation indicating that taxes have been paid on lands subject to the application (may be obtained when application is filed);

____ Application Fee;

____ Fees for review and inspection (where applicable.) See User Guide #23, *Fee Schedule*.

For Office Use Only:

Application Received by:	Date:
Tax Map Reference:	Zoning District:
Business and Occupational License #:	Status of Taxes: <input type="checkbox"/> Paid <input type="checkbox"/> Delinquent

**Distribution
after
approval:**

Applicant

Community
Development

Police
Department

Finance